

# LOCOMOTOR ATAXIA WITH CHARCOT'S JOINT DISEASE IN A NEGRO

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## PLATE XXI

*History.* Patient a negro, 58 years of age, was born in Trinidad, and has lived there all his life. When 19 years old he developed a chancre on his penis which healed readily with local application. Seven years later he married; a year after marriage his first child was born. His wife gave birth to eleven children all of whom died either a few days or a few months after birth except the fifth and seventh who are alive and well.

He was apparently in good health up to twelve years ago, *i.e.*, twenty-seven years after the appearance of the chancre, when he began to suffer from (1) periodic attacks of sharp shooting pains about his knees and legs with a tendency to fall when walking; (2) hot burning sensations about his body; (3) difficulty of micturition; (4) tenderness and pains about his knee-joints which gradually increased in size. The pains about his knees persisted for two years and the difficulty with micturition for six years. He has been impotent for the last eight years.

*Clinical Signs.* A fairly well-nourished man with no evidence of mental impairment, but with characteristic knee lesions. There is relaxation of the ligaments and other soft parts of the knee-joints with enlargements of the lower end of the femur and the upper end of the tibia and loss of apposition of the contiguous surfaces of the bones, so that the upper ends of the tibiae are thrown backwards and outwards. There is some atrophy of the muscles of the legs and thighs. There is palpable thickening of the synovial membranes, but no increase in the fluid. There is an abundance of rotatory movement at the knees with flail-like movements of the

legs and a remarkable absence of pain and resistance with these movements. Flexion at the knee-joint is complete, but extension is reduced by about one quarter.

These changes are more marked on the left than on the right side.

Sensation of heat is normal, that of cold is impaired.

The knee jerk and ankle jerk are absent. There is no ankle clonus.

The Babinski is doubtful. There is incoordination of the lower extremities, but not of the upper. The hand grip is firm.

Argyll-Robertson pupil is present. Rombergism is present and well-marked. The patient's walk, though not typically ataxic, is characteristic. He rests on his stick, keeping his eyes centred on the ground and his body thrown forward, with his legs held slightly apart. The feet are brought down with a stamp, the heels touching the ground first, or the whole foot comes in contact with the ground.

The blood Wassermann by Harrison's method gave a positive reaction (+++). There is no gastric, rectal or other crisis and his only complaint is in connection with the discomfort and inconvenience due to the disorganisation of his knee-joints.

EXPLANATION OF PLATE XXI

Locomotor Ataxia with Charcot's Joint Disease in a Negro.

Fig. 1. Anterior view.

Fig. 2. Posterior view.



FIG. 1



FIG. 2